

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28546
Registrar's No. 45

Registration District No. 273

Primary Registration District No. 5915

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural, Central Township
(c) Name of hospital or institution: Perryville, R. #4
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Perry
(c) City or town Perryville
(d) Street No. 49 W St. Joseph St.
(e) Citizen of foreign country? No. (Yes or No)

3. (a) PRINT FULL NAME Clement Lee Albert
3. (b) If veteran, name war. No. 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 8 year 1947 hour 1 minute 20 A. M.
21. I hereby certify that I attended the deceased from Aug 1 1947 to Aug 8 1947 that I last saw him alive on Aug 7 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 8, 1874 (Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion first attack

8. AGE: Years 73 Months 5 Days 0 If less than one day hr. min.

Due to
Due to
Other conditions (include pregnancy within 3 months of death)

9. Birthplace: Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Retired Marine Engineer

Major findings: Of operations: Of autopsy: PHYSICIAN: Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Walter Mayer
(b) Address: Perryville, Mo. R. 4
17. (a) Burial, cremation, or removed: Home Cemetery (b) Date thereof: 8-10-1947 (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director: Perry Funeral Home (b) Address: Perryville, Mo.
19. (a) Aug 9-47 (Date received local registrar) (b) Joseph Bellows (Registrar's signature)

23. Signature: J. H. Bailey (M: D. county) Address: Perryville Date signed: 9/8/47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4

District File Number 847-1084

Date Filed 8-20-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Albert Bey

Licensed Embalmer No. 3866

P. O. Address *Perryville, Ms.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.